

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 10 / 12 / 2016 THROUGH 10 / 31 / 2016		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 11 / 8 / 2016 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

3:45pm
Ru

OFFICE USE ONLY
Date Received
HAND
OCT 31 2016
DELIVERED

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Linda L. Harvell

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 1,644.45

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 8,044.45

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 1,152.75

4. TOTAL POLITICAL EXPENDITURES

\$ 6,127.43

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

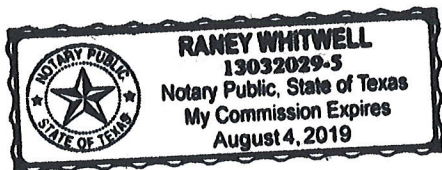
\$ 1,917.02

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ -

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Linda L. Harvell

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Linda L. Harvell, this the 31st day of October, 2016, to certify which, witness my hand and seal of office.

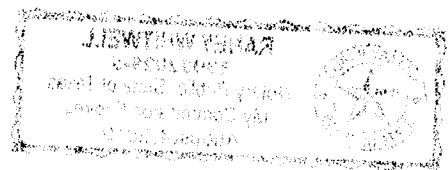
Raney Whitwell

Signature of officer administering oath

Printed name of officer administering oath

Raney Whitwell

Title of officer administering oath



SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME***Linda L. Harvell***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS\$ *1,650*2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☐ SCHEDULE E: LOANS

\$

5. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS\$ *2,933.28*6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

9. ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$

10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS
RETURNED TO FILER

\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

Linda Harvell

3 Filer ID (Ethics Commission Filers)

4 Date

10/17/16

5 Full name of contributor

☐ out-of-state PAC (ID#:

Robert Palmarez

7 Amount of contribution (\$)

\$200

6 Contributor address;

City; State; Zip Code

1412 Elkton Ct, College ST TX 77845

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/17/16

Full name of contributor

☐ out-of-state PAC (ID#:

Jane Cohen

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

PO Box 443
Wellborn TX 77881

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/16

Full name of contributor

☐ out-of-state PAC (ID#:

Sallye Henderson

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

1101 Carmel Ct
College Station TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/7/16

Full name of contributor

☐ out-of-state PAC (ID#:

Dennis Berthold

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

1204 Mandatetter
College Station TX 77840

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

Linda A. Harvell

3 Filer ID (Ethics Commission Filers)

4 Date

10/22/16

5 Full name of contributor

☐ out-of-state PAC (ID#:

Brian Watford

7 Amount of contribution (\$)

\$300

6 Contributor address;

City; State; Zip Code

2903 Camelot
Bryan TX 77802

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/22/16

Full name of contributor

☐ out-of-state PAC (ID#:

Gene Hawkins

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

1805 Lawton Pl
College Station, TX 77840

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/16

Full name of contributor

☐ out-of-state PAC (ID#:

Bob Brick

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

1309 Foxfire Pl
College Station TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/16

Full name of contributor

☐ out-of-state PAC (ID#:

Jill Givoin

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

918 Hawthorn
College Station TX 77840

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

Linda L. Harvell

3 Filer ID (Ethics Commission Filers)

4 Date

10/24/16

5 Full name of contributor

☐ out-of-state PAC (ID#:

Karl Wolfshohl

6 Contributor address;

City; State; Zip Code

7415 Wildwood Cir
College Station TX 77845

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/24/16

Full name of contributor

☐ out-of-state PAC (ID#:

Gary Halter

Contributor address;

City; State; Zip Code

1204 Ashburn
College Station TX 77840

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/16

Full name of contributor

☐ out-of-state PAC (ID#:

Don Hellriegel

Contributor address;

City; State; Zip Code

1301 Wilshire Ct
College Station TX 77845

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/14/16

Full name of contributor

☐ out-of-state PAC (ID#:

Allen Coulter

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

Linda H Harvell

3 Filer ID (Ethics Commission Filers)

4 Date

10/17/16

5 Full name of contributor

☐ out-of-state PAC (ID#:

Robert Hensz

7 Amount of contribution (\$)

\$100

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/21/16

Full name of contributor

☐ out-of-state PAC (ID#:

Elizabeth Boykin

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Linda L. Harvell	3 Filer ID (Ethics Commission Filers)
4 Date 10/20/2016	5 Payee name Bryan Broadcasting	
6 Amount (\$) \$868.00	7 Payee address; City; State; Zip Code PO Box 3248 Bryan, TX 77845	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/21/2016	Payee name Bryan Broadcasting		
Amount (\$) \$768.00	Payee address; City; State; Zip Code PO Box 3248 Bryan, TX 77845		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/28/2016	Payee name Insite Group		
Amount (\$) \$468.16	Payee address; City; State; Zip Code 123 E. William J. Bryan Pkwy Bryan, TX 77803		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED